



STW #1615

In re Application of:

YASUKI KATO ET AL.

Application No.: 10/018,349

Filed: December 19, 2001

For: METHOD OF INHIBITING
LEAKAGE OF DRUG
ENCAPSULATED IN LIPOSOMES

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|------------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 9 | MINUS | ** 77 | = 0 | x \$25 \$50 | \$0.00 |
| INDEP. CLAIMS | * 2 | MINUS | *** 8 | = 0 | x \$100 \$200 | \$0.00 |
| Fee for Multiple Dependent claims \$180°/\$360 | | | | | | Previously paid |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$0.00 |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

03/03/2005 MBEYENE1 00000091 061205 10018349

01 FC:1251 10.00 DA 110.00 DP

- Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$_____ is enclosed.
- Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

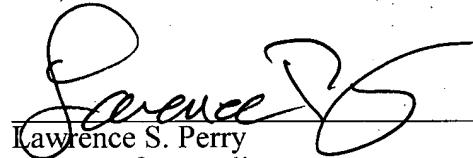
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$110.00 to cover the fee for a one month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Lawrence S. Perry
Attorney for Applicants
Registration No. 31,865

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
YASUKI KATO, ET AL.) Examiner: Gollamudi S. Kishore
Application No.: 10/018,349) Group Art Unit: 1615
Filed: December 19, 2001)
For: METHOD OF INHIBITING)
LEAKAGE OF DRUG)
ENCAPSULATED IN LIPOSOMES) February 28, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND PETITION FOR EXTENSION OF TIME

Sir:

Applicants petition to extend the time for response to the Office Action dated November 1, 2004 to March 1, 2005. A check in the amount of \$110.00 for payment of the extension fee is enclosed. Please charge any additional fee required for the extension, and credit any overpayment, to Deposit Account 06-1205.

In response to the Office Action dated November 1, 2004 (Paper No. 20041026), please amend the application as follows: